U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
Primary Care Training and Enhancement (PCTE)

Primary Care Training and Enhancement Awards

Announcement Type: Initial: New
Funding Opportunity Number: HRSA-15-054

Catalog of Federal Domestic Assistance (CFDA) No. 93.884

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2015

Application Due Date: February 18, 2015

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Modified February 2, 2015: Pages 25 - 27, MUC Preference

Release and Issuance Date: December 18, 2014

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Authority: Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(a)), as amended by section 5301 of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce is accepting applications for the fiscal year (FY) 2015 Primary Care Training and Enhancement (PCTE) Grant program. The overarching purpose of the PCTE program is to strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, teachers and researchers and promoting primary care practice in rural and underserved areas. The focus of this grant is to produce primary care providers who will be well prepared to practice in and lead transforming health care systems aimed at improving access, quality of care, and cost effectiveness.

Funding Opportunity Title	Primary Care Training and Enhancement Awards
Funding Opportunity Number:	HRSA-15-054
Due Date for Applications:	02/18/2015
Anticipated Total Annual Available Funding:	$9,000,000
Estimated Number and Type of Award(s):	Up to 30 grants
Estimated Award Amount:	Up to $250,000 per year – single project Up to $350,000 per year – collaborative project
Cost Sharing/Match Required:	No
Project Period :	07/01/2015 through 06/30/2020 (5 years)
Eligible Applicants:	Eligible entities include accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out the grant activities. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, except where instructed in this funding opportunity announcement to do otherwise. The *Application Guide* is available online at: http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf.

A short video for applicants explaining the new *Application Guide* is available at: http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance Call/Webinar – See Section VIII for details.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Fiscal Year (FY) 2015 Primary Care Training and Enhancement (PCTE) program. The overarching purpose of the PCTE program is to strengthen the primary care workforce by supporting enhanced training for future primary care. In FY 2015, applicants for the PCTE program must focus on training for transforming health care systems, particularly enhancing the clinical training experience of trainees. Some of the characteristics identified by the Centers for Medicare and Medicaid (CMS) to be closely associated with transformed health care delivery systems include:

- Providers across the care continuum participate in integrated or virtually integrated delivery models,
- Care is coordinated across all providers and settings,
- There is high level of patient engagement and quantifiable results on patient experience,
- Providers leverage the use of health information technology to improve quality,
- Providers perform at the top of their license and board certification,
- Population health measures are integrated into the delivery system, and
- Data is used to drive health system processes.[1]

Collaborative projects that propose training across the training continuum (student, resident, faculty development, and practicing primary care physician or physician assistants) and across primary care disciplines and professions (family medicine, general internal medicine, general pediatrics, physician assistants, and other primary care professions) are encouraged and will qualify for a higher funding ceiling amount. In addition, consistent with the White House initiative to facilitate career paths for veterans who want to become physician assistants, physician assistant training programs that demonstrate activities that improve recruitment, retention, and education of veteran applicants and students will be encouraged.

Applicants must also propose an evaluation plan focused on proposed assessment of outcomes related to graduate outcomes and patient access, quality of care, and cost effectiveness in the clinical training environment. Evaluation plans may include integration of evaluation activities with existing institution efforts, such as quality improvement initiatives. Examples of outcomes are changes in:

- Rate of graduates/program completers, at least one-year after program completion, practicing in primary care
- Rate of graduates/program completers, at least one-year after program completion, practicing in underserved areas
- Patient service provided by graduates/program completers
- Quality of care provided by graduates/program completers
- Patient service provided by trainees and faculty at participating PCTE clinical training sites
- Quality of care provided by trainees and faculty at participating PCTE clinical training sites

[1] CMS State Innovation Models Cooperative Agreement Announcement (May 2014). Available at: http://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf

- Cost of care provided by trainees and faculty at participating PCTE clinical training sites

During the funded grant period, grantees will be expected to work with an evaluation technical assistance contractor to be identified by HRSA. The evaluation technical assistance contractor will conduct site visits to select grantees and provide assistance in developing and implementing evaluation plans.

Use of Funds

Applicants may use funds:

1. To plan, develop, and operate a program that provides training experiences in new competencies, such as providing training relevant to providing care through patient-centered medical homes, developing tools and curricula relevant to patient-centered medical homes, and providing continuing education to primary care providers relevant to patient-centered medical homes.
2. To plan, develop and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics,
3. To plan, develop, and operate a program for the training of physicians or physician assistants teaching in community-based settings.
4. To provide need-based financial assistance in the form of traineeships and fellowships to students, residents, practicing physicians or other medical personnel, who are participants in any such program, who plan to work in, teach, or conduct research in family medicine, general internal medicine, general pediatrics, or physician assistant education. Activities of supported trainees must be consistent with the FY 2015 focus of the PCTE program to train primary care providers for transforming health care systems. **Stipends are not allowed for residents or medical students**.
5. To plan, develop and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease, disease prevention and health promotion, epidemiological studies and injury control.

Funding Priorities and Preferences
Congress established specific funding preferences and priorities for the PCTE grant programs. Applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. Section 791(a)(1) of the PHS Act provide for a funding preference for the PCTE program.

Refer to *Section V* of this funding opportunity announcement (FOA) for detailed information on funding priorities and preferences.

2. Background

This program is authorized by Title VII, Section 747(a) of the PHS Act, as amended by section 5301 of ACA (P.L. 111-148). The focus of these authorities is on improving the nation's access to well-trained primary care physicians and physician assistants by supporting primary care community-based

residency training, pre-doctoral training, interdisciplinary and interprofessional training, and curriculum development, and preparing primary care faculty to teach in primary care fields.

Research shows that a strong primary care foundation is critical for health system performance and improved health.[2,3] Recent evidence also suggests that primary care workforce is associated with higher quality care at lower spending.[4] Despite these attributes, the U.S. primary care system remains challenged. Projected demand for primary care services is projected to grow more rapidly than supply and lack of providers leads to inadequate access to primary care services for some communities.[5]

HRSA has long recognized the importance of training primary care physicians and physician assistants to become effective clinicians, teachers, researchers and leaders. These programs help produce high quality, diverse primary care clinicians who will be able to address the nation's healthcare needs, particularly in communities of high need. More than 10% of the population lives in a federally designated health professional shortage area where they have limited or nonexistent healthcare services.[6] Rural communities, for example, have great difficulty recruiting and sustaining an adequate healthcare workforce.[7] Educating trainees in rural settings is one way to increase interest and likelihood of selecting a rural practice site. However, there are too few rural clinical training sites and/or teachers to provide students with the necessary exposure. Skilled clinical teachers and role models are needed to make the learning experience a transformative one.

The mission of HRSA's Bureau of Health Workforce (BHW) is to increase the population's access to health care by providing national leadership in the development, distribution, and retention of a diverse, culturally competent healthcare workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all. BHW is committed to ensuring that the United States (U.S.) has the right clinicians, with the right skills, working where they are needed.

Program Definitions The following definitions apply to the FY 2015 PCTE funding opportunity announcement:

Accredited – The term ''accredited'', when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, professional counseling, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body

[2] Starfield B, Shi l, Macinko J. Contributions of primary care to health systems and health. Millbank Quarterly 2005;83:457-502

[3] Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. JAMA. 2011;305(20):2096-2104.

[4] Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. Health Affairs. 2004. Available at: http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.full.pdf+html

[5] HRSA. Projecting the supply and demand for primary care practitioners through 2020. HRSA. 2013. Available at: http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf

[6] Rhyne,R., Sanders, M., Skipper, B., VanLeit, B., Daniels, Z. "Factors in Recruiting and Retaining Health Professionals for Rural Practice." Journal of Rural Health. 2007: 23(1) 62-71

[7] Lucado, J., Schur, C., (PAEA), Social and Scientific Systems, Inc., "National Survey of Physician Assistants and Preceptor Experiences: Survey Findings." 2011

or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

Disadvantaged Background – An individual from a disadvantaged background is defined as someone who comes from an environmentally or economically disadvantaged background:

- Environmentally disadvantaged means an individual comes from an environment that has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.
- Economically disadvantaged means an individual comes from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. The Secretary updates these income levels in the *Federal Register* annually.

  The Secretary defines a ‘‘low income family/household’’ for various health professions programs included in Titles III, VII and VIII of the Public Health Service Act, as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines. A *family* is a group of two or more individuals related by birth, marriage, or adoption who live together. A *household* may be only one person.

2014 HRSA Poverty Guidelines (200% of HHS Poverty Guidelines)			
Size of parents’ family*	**Income Level****		
	48 Contiguous States and D.C.	**Alaska**	**Hawaii**
1	$23,340	$29,160	$26,840
2	31,460	39,320	36,180
3	39,580	49,480	45,520
4	47,700	59,640	54,860
5	55,820	69,800	64,200
6	63,940	79,960	73,540
7	72,060	90,120	82,880
8	80,180	100,280	92,220
For each additional person, add	$8,120	$10,160	$9,340

* Includes only dependents listed on federal income tax forms. Some programs will use the student’s family rather than his or her parents’ family.
** Adjusted gross income for calendar year 2013.

SOURCE: *Federal Register*, Vol. 79, No. 77, April 22, 2014, pp. 22506 – 22507

The following are provided as **examples** of a disadvantaged background. **These examples are for guidance only and are not intended to be all-inclusive. Each academic institution defines the below mentioned "low" rates based on its own enrollment populations. *It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as coming from a disadvantaged background.*** The most recent annual data available for the last four examples below can be found on your state's Department of Education website under your high school's report card.

- The individual comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and public housing).
- The individual is the first generation in his or her family to attend college.
- The individual graduated from (or last attended) a high school with low SAT scores, based on most recent annual data available.
- The individual graduated from (or last attended) a high school that—based on the most recent annual data available— had either a:
    - low percentage of seniors receiving a high school diploma; or
    - low percentage of graduates who go to college during the first year after graduation.
- The individual graduated from (or last attended) a high school with low per capita funding.
- The individual graduated from (or last attended) a high school where—based on the most recent annual data available— many of the enrolled students are eligible for free or reduced-price lunches.

Integrated health care delivery system – a delivery system which provides or aims to provide a coordinated continuum of services to a defined population and are willing to be held clinically and fiscally accountable for the outcomes and the health status of the population served. At a minimum the proposed system must include collaborative practice across disciplines, mechanisms to improve care coordination, and system level initiatives, such as integrated electronic health records or care protocols, to improve the quality of care provided.

Organization - defined by having a unique Employer Identification Number (EIN). Only one application per Federal tax identification number can be submitted to the PCTE Program competition.

"Primary care professionals" – we use the definition of primary care professionals from the HRSA *Projecting the Supply and Demand for Primary Care Practitioners 2020* report.[8] Primary care practitioners include the medical specialties of general and family medicine, general pediatrics, general internal medicine, and geriatrics; and the disciplines of physicians, nurse practitioners, and physician assistants. In addition, we include dentists as indicated by the 2008 GAO report on *Primary Care Professionals.*[9]

[8] Available at: http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/projectingprimarycare.pdf
[9] Available at: http://www.gao.gov/new.items/d08472t.pdf

Rural – a geographical area that is not part of a Metropolitan Statistical Area (MSA)
To determine if a specific geographical area is considered rural, go to
http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx

Stipend – a payment made to an individual under a fellowship or training grant in accordance with established levels to provide for the individual's living expenses during the period of training. A stipend is not considered compensation for the services expected of an employee.

Traineeship – funds for tuition, books, fees, and reasonable living expenses that are awarded by the applicant to individuals.

Underrepresented minority – an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program the term ''racial and ethnic minority group'' means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term ''Hispanic'' means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding for Federal fiscal years 2015 - 2019. Approximately $9,000,000 is expected to be available annually to fund up to 30 grants. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

Applicants may apply for a ceiling amount of up to $250,000 per year for single training level and discipline projects. Applicants may apply for a ceiling amount of up to $350,000 for collaborative projects. Collaborative project must include activities targeted at more than one training level (student, resident, faculty development, and practicing primary care physician or physician assistants) and more than one primary care discipline or profession (family medicine, general internal medicine, general pediatrics, physician assistants, and other primary care professions); see *Section IV, Project Narrative* for more information. It is anticipated that of the total funds available, at least $1,000,000 will be awarded to programs that provide training to physician assistant students, faculty, or practicing physician assistants. The project period is five (5) years. Funding beyond the first year is dependent on the availability of appropriated funds in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic or osteopathic medicine, academically affiliated PA training programs, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. All training activities must be conducted by an accredited entity; this must be the applicant organization. Tribes and Tribal organizations are eligible to apply for these funds so long as they can carry out such grants and meet all eligibility requirements.

In general, the relevant accrediting bodies are the Liaison Committee on Medical Education (LCME) for allopathic medical schools, American Osteopathic Association (AOA) for osteopathic medical schools and osteopathic residency programs, Accreditation Council for Graduate Medical Education (ACGME) for allopathic residency programs, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for physician assistant programs. Provisional accreditation is acceptable for new programs. An applicant with provisional accreditation must demonstrate full accreditation within the first budget period.

Required Eligibility Documentation
The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next expected accrediting body review. The full letter of accreditation is not required. Recipients must immediately inform the HRSA project officer of any change in accreditation status. If a partner organization holds the accreditation for a training program, a letter of agreement should be provided in Attachment 8.

Applications that do not clearly demonstrate compliance with all eligibility requirements will be deemed non-responsive and will not be considered for funding under this announcement.

2. Cost Sharing/Matching

Cost sharing or matching is not required.

3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the

time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Other

Ceiling Amount
Applications that exceed the ceiling amount of $250,000 for single projects and $350,000 for collaborative projects will be considered non-responsive and will not be considered for funding under this announcement.

Deadline
Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Maintenance of Effort (MoE)
In accordance with Section 797(b) of the Public Health Service Act, grant funds shall not be used to take the place of current funding for activities described in the application. The grantee must agree to maintain expenditures of non-Federal amounts for grant activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the grant. **The applicant must provide the requested information in Attachment 6.**

Multiple Applications
NOTE: Multiple applications from an organization are not allowable. An "organization" for this FOA is defined as an institution with a single Employer Identification Number (EIN).

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 65 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity prior to the deadline to be considered under the announcement.

Program-specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. *Project Abstract*
See Section 4.1.ix of HRSA's *SF-424 Application Guide.*

In addition to the instructions provided in the guide, please include the following:

- A brief overview of the project as a whole,
- Specific, measurable objectives that the project will accomplish, and
- How the proposed project for which funding is requested will be accomplished, i.e., the "who, what, when, where, why and how" of a project.

- Whether the application is for a single or collaborative project. Requirements for a collaborative project are described in *Section IV Project Narrative.*
- If requesting a funding preference as outlined in *Section V. 2*, please indicate here.

ii. ***Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well-organized so that reviewers can understand the project. The ability of the project director and the organization to carry out the project should be thoroughly described, including anticipated challenges and barriers and how they will be addressed.

Use the following section headers for the Project Narrative:

- **PURPOSE AND NEED --** *Corresponds to Section V's Review Criterion #1*

Provide a brief statement of the purpose of the proposed project. Describe how the proposed program is relevant at the national, State, or local level. Describe gaps in the current primary care workforce, particularly the proposed targeted disciplines, including their training needs. Explain how developing the proposed training will address the health workforce gaps you have identified.

Discuss the target population served by this segment of the health workforce, as well as the socio-cultural determinants of health and health disparities impacting the population or communities served. Discuss the needs of the specific community/communities in which the proposed training will take place and identify those that will be addressed through your proposed training program. Include socio-cultural determinants of health, health disparities, and any unmet needs.

Describe the current state of the health care delivery system that will serve as a training site for your training program. Identify specific gaps in your current training program that will be addressed through the proposed training program.

Data should be used and cited whenever possible to support the information provided.

- **RESPONSE TO PROGRAM PURPOSE** -- *This section includes 3 sub-sections—(a) Methodology; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

(a) Methodology -- *Corresponds to Section V's Review Criterion 2 (a)*

Describe in detail your proposed project goals, objectives, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project goals and objectives to the overall purpose of your proposed project. Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the clinical learning environment and any proposed didactic or clinical curricula to be developed or enhanced.

Clearly describe how your proposed project enhances training to produce primary care providers who are well prepared to practice in and lead transforming health care delivery systems. Describe how your project addresses the CMS characteristics of a transformed health care system:

- Providers across the care continuum participate in integrated or virtually integrated delivery models,
- Care is coordinated across all providers and settings,
- There is high level of patient engagement and quantifiable results on patient experience,
- Providers leverage the use of health information technology to improve quality,
- Providers perform at the top of their license and board certification,
- Population health measures are integrated into the delivery system, and
- Data is used to drive health system processes.

Clearly describe activities to enhance your program's clinical training environment to align with the transforming health care system and any didactic or clinical curricula focused on the characteristics described above. Describe the trainees that will benefit from the project, how trainee experiences will be enhanced, and how the proposed activities are expected to improve access, quality, and cost of care for patients in the clinical training environment. Projects that propose training across the training continuum (i.e., student, resident, faculty, and practicing primary care physician or physician assistants) and across primary care disciplines and professions (i.e., family medicine, general internal medicine, general pediatrics, physician assistants, and other primary care professions) are encouraged.

Identify key partner programs, departments, and organizations, particularly community-based organizations, involved in the project and describe how you will function and coordinate carrying out the grant activities. **To qualify for the collaborative project funding ceiling**, your proposal must focus on more than one training level AND more than one discipline or profession, as listed above. In this section, you should clearly indicate that you are applying for a collaborative project and describe how the different training levels and disciplines/professions will equitably benefit from the project.

If applicable, provide a brief narrative entitled "Helping Veterans Become Physician Assistants Activities" that:

a) Provides a statement (2-3 sentences) of veteran related activities, existing or proposed in the grant application, that improve recruitment, retention, and education of veterans;
b) States the impact of these activities on increasing the number of veteran trainees and veteran graduates, the quality of the curriculum, curriculum fit for veterans, or other appropriate process and endpoint outcomes; and
c) Provides data to support the statement of impact as defined above.

Description of the evaluation plan and activities should be reported in the *Evaluation and Technical Support Capacity* section below.

(b) Work Plan -- *Corresponds to Section V's Review Criterion #2 (b)*
Describe, in detail, the activities or steps, and the staff responsible for achieving each of the activities proposed during the entire project period. Use a timeline that includes each activity and identifies responsible staff and amount of time estimated to carry out each step. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and

implementing all activities. The Work Plan should also provide a timeline for the awardee's evaluation plan.

Attach the Work Plan in a chart format as Attachment 1. A sample work plan can be found here: http://bhpr.hrsa.gov/grants/technicalassistance/workplantemplate.docx.

You must also include an annual training chart that indicates the number of trainees you plan to train through the proposed activities. The chart must include information on the following:

- Information on the individuals that will be trained through the grant. For each category of trainee: medical student, resident, physician, physician assistant student, or physician assistant; and specialty (when appropriate): Family Medicine, General Internal Medicine, General Pediatrics, include the following:
    - the number of trainees you propose to train each year,
    - the number trainees you project to complete the program each year,
    - the number of underrepresented minorities you project to train each year,
    - the number from a rural or disadvantaged background that you project to train each year, and
    - the number of veterans that you project to train each year.
- Other Health Care Trainees:
    - the expected number of other health professions trainees (not listed above), by profession, level of training, and specialty when appropriate, that you propose to train alongside the above trainees during each year of the project period.

(c) Resolution of Challenges -- *Corresponds to Section V's Review Criterion #2 (c)*
Discuss challenges that are likely to be encountered in the implementation of activities described in the Work Plan and approaches that will be used to resolve such challenges.

- **IMPACT** -- *This section includes 2 sub-sections – (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability – both of which correspond to Section V's Review Criteria #3 (a) and (b).*

(a) Evaluation and Technical Support Capacity -- *Corresponds to Section V's Review Criterion #3 (a)*

Applicants must include an evaluation plan with their application to be considered for funding under this announcement.

Program Impact

Evaluation plans must propose some assessment of outcomes related to patient access, quality of care, and/or cost effectiveness in at least one of the key focus areas. Evaluation plans should include

integration of evaluation activities with existing institution efforts, such as quality improvement initiatives. Examples of relevant outcomes are changes in:

- Rate of graduates, at least one-year after program completion, practicing in primary care
- Rate of graduates, at least one-year after program completion, practicing in underserved areas
- Patient service provided by graduates
- Quality of care provided by graduates
- Patient service provided by trainees and faculty at participating PCTE clinical training sites
- Quality of care provided by trainees and faculty at participating PCTE clinical training sites
- Cost of care provided by trainees and faculty at participating PCTE clinical training sites

Patient service, quality of care and cost of care outcomes should be matched to the proposed activities of applicant. However, examples of clinical quality measures used by the HRSA-funded Community Health Center program are available at: http://bphc.hrsa.gov/policiesregulations/performancemeasures/fy2014measures.pdf; and by the Centers for Medicare & Medicaid for the electronic health records incentive programs are available at: http://bphc.hrsa.gov/policiesregulations/performancemeasures/fy2014measures.pdf.

Program Assessment and Improvement:

You must describe a continuous quality improvement plan to measure and assess your program's performance. Your plan should provide meaningful and frequent monitoring of ongoing processes, outcomes of implemented activities and curriculum, and progress toward meeting grant goals and objectives. Your plan should also discuss how the results of these activities will inform improvements in the project over the five-year project period. This should include rapid-cycle improvement strategies that will provide feedback to the applicant and HRSA about early results of the implementation and potential modifications to better meet the goals of the program are encouraged.

HRSA Required Performance and Progress Reporting

Applicants must describe the systems and processes that will support the organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: http://bhw.hrsa.gov/grants/reporting/index.html. This includes a description of how the organization will effectively track performance outcomes, including how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Applicants must describe any potential obstacles for implementing the program performance evaluation and meeting HRSA's performance measurement requirements, and how those obstacles will be addressed. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

Technical Support Capacity
The applicant must demonstrate that it has the capacity to achieve the proposed evaluation plan. In demonstrating technical capacity for developing and implementing the proposed evaluation plan, the applicant must address the following elements:

1) Technical Capacity – experience in program evaluation and knowledge of individual(s) responsible for conducting the evaluation and reporting findings. The proposed lead evaluator's curriculum vitae must be included. Identify technical assistance needs to build capacity of grantee to plan and conduct program evaluation.
2) Evaluation Methods – instruments and tools to be used, primary and secondary data sources.
3) Quality Assurance – process to validate data collected and verify results.

The evaluation plan must describe how program performance and outcomes will be evaluated against goals, objectives, sub-objectives, activities and timelines of the project. The evaluation plan should include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. Evaluation plans should include integration of evaluation activities with existing institution efforts, such as quality improvement initiatives. The evaluation plan must demonstrate evidence that the evaluative measures selected will be able to assess: 1) the extent to which the program objectives have been met, and 2) the extent to which these can be attributed to the project. Programs will be expected to report on their findings in their annual Progress Report.

In addition, grantees will be required to work with an evaluation technical assistance contractor to be determined by HRSA. The contractor will conduct site visits to select grantees to understand the evaluation capacity and needs of programs, and provide technical assistance for evaluation activities where appropriate.

(b) Project Sustainability -- *Corresponds to Section V's Review Criterion #3 (b)*

Sustainability Approach:
Awardees should describe how their PCTE funded program will be sustained. The prospect for having long-term impact from your grant is greatly increased if the potential for sustainability is considered in advance of the end point of your project activities and current funding.

For purposes of this FOA, sustainability is defined as "achieving an organizational state where programs and services are continually provided because they have perceived value and receive adequate financial support."

Grantees are expected to sustain key elements of their grant projects, e.g., training methods or strategies, which have been effective in improving practices. The applicant must include plans for sustainability by providing specific information that describes the extent and means by which the program plans to continue those program activities that have been effective in improving practices.

Plans for sustainability must:

- Describe the anticipated sustainable impact of the program;
- Present sustainability goals and objectives that correspond to specific project activities;
- Outline long- and short-term strategies to be implemented to achieve the desired sustainability impact;
- Describe structural/organizational supports that will be in place, and/or any structural/organizational changes that will be needed to ensure sustainability of project activities;
- Discuss potential challenges and barriers that may be encountered in sustaining the program and approaches that will be used to resolve such challenges and/or barriers;
- Describe resources available and/or plans for obtaining needed resources; and
- Develop an action plan and timetable for implementation of proposed sustainability strategies.

ORGANIZATIONAL INFORMATION -- *Corresponds to Section V's Review Criterion #4*

In this section, provide information on the applicant organization's current mission and structure, organizational chart, scope of current activities, and applicant organization's ability to conduct the proposed project, such as prior or current experience. Collaborative projects should include a project organizational chart demonstrating how each entity works together. Describe how all of these contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health-literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

iii. *Budget*
Please complete the Budget and Budget Justification Narrative, as described below in Section iv, *Budget Justification Narrative.*

For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A as Attachment 9.

iv. *Budget Justification Narrative*
Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. In addition, the PCTE Grant Program requires the following program specific budget details (corresponding to Section V's Review Criteria #5):

For applicants with current Primary Care Training and Enhancement grants, there can be no duplication of effort in the overlapping budget periods.

Applicants that propose a collaborative project as described in *Section IV Project Narrative* must include a budget table within the budget justification that provides a specific line item budget breakdown for each of the proposed disciplines/professions and training levels involved.

List travel costs according to local and long distance travel. Travel costs for consultants should be listed under consultant costs. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Include travel support for the project director to attend up to four grantee meetings (approximately one per year in project period years two through five) held over three days in the Washington DC area.

Consultant Services: If applicable, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

Subawards/Consortium/Contractual Costs: As applicable, provide a clear explanation as to the purpose of each subaward/contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number.

Applicants to all PCTE Programs, as listed in this funding opportunity announcement, may request funding to support annual reporting requirements (i.e., software, personnel time, etc.), and to conduct the required program evaluation as described in this funding opportunity announcement (see Sections I, IV and V). Ensure adequate resources are requested to conduct an evaluation that meets the requirements as outlined in Section ix below. A comprehensive evaluation will yield outcome data that both the grantee and HRSA can use throughout the project period to ensure the success of the project. Meaningful and accurate endpoint data will demonstrate the success of the funding opportunity, inform quality improvement activities, and demonstrate accountability to stakeholders.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for tuition and fees, equipment (capital expenditures) and subgrants and contracts in excess of $25,000 per subcontract are excluded from the actual direct cost base for purposes of this calculation. State and local, and Indian tribal government agencies may request full indirect cost. State universities and hospitals are not considered governmental agencies for this purpose.

Trainee Expenses: Although trainee support including tuition, books, program fees, and reasonable living expenses during the period of training are allowable, applications should emphasize building infrastructure, enhancing curriculum quality, and strengthening training the full breadth of primary

care skills for students, residents, and faculty. Applicants may request funds for courses that supplement the core curriculum or provide faculty development necessary to meet project objectives, including associated fees, travel, and living expenses.

Trainee stipends are allowed for physician assistant students, trainees in public health degrees, and faculty. The maximum stipend rate for predoctoral students is $22,476 per year.[10] **Stipends are not allowable for residents or medical students.**

Maximum stipend levels for faculty are:

Faculty Stipend Levels

Postdoctoral Years of Experience	Stipend Rate for FY 2014
0	$42,000
1	$43,680
2	$45,432
3	$47,244
4	$49,128
5	$51,096
6	$53,148
7 or more	$55,272

Stipends may only be used for cost of living expenses during the period of training. Other educational expenses (such as tuition, travel, and conference fees) should be itemized and justified apart from any planned stipend allotment.

Enter the number and total stipend amount for each trainee or faculty category as appropriate. The payment of stipend must also be consistent with institutional policy. Grant funds may not be used to pay fringe benefits. Stipends must be paid in accordance with the grantee's usual payment schedule and procedures. Any trainee who receives a 100% of their salary from non-grant sources is not eligible for grant supported stipends.

Requests for stipend support must fully document that 1) trainees or faculty are in need of the support, 2) alternative sources of financial support for such stipends are not available, and 3) grant funds will not be used to supplant other available funds. Each individual receiving stipend support from grant funds must be a citizen of the United States, a non-citizen national, or a foreign national having in his/her possession a visa permitting permanent residence in the United States. No fringe benefits are allowed for trainees who receive stipend support.

Applicants must indicate the percentage of support (if any) covered by other sources, including state grants, institutional support, and/or other sources including Federal education awards (fellowships, traineeships, etc.) except for educational assistance under the Veterans Readjustment Benefits Act ("GI Bill").

[10] National Institutes of Health 2014 stipend guidelines. Available at: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-046.html

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

v. *Attachments*

Please provide the following items in the order specified below to complete the content of the application. Please note that these are *supplementary* in nature, and *are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit*. **Each attachment must be clearly labeled**.

Attachment 1: Work Plan (Counted in page limit)
Attach the Work Plan for the project using a table or chart that accounts for all of the information you provided in *Section IV, ii*. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (Counted in page limit)
See Section 4.1.vi. of HRSA's *SF-424 Application Guide* for required information. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Refer to Attachment 8 regarding inclusion of Bio Sketches.

Attachment 3: Project Organizational Chart (Counted in page limit)
Provide a one-page figure that depicts the organizational structure of the project (not the applicant organization).

Attachment 4: Request for Funding Preference, if applicable (Counted in page limit)
To receive a funding preference, include a statement that the applicant is eligible and identify the preference. Include documentation of this qualification. Refer to *Section V* of this funding opportunity announcement (FOA) for detailed information on funding priorities and preferences.

Attachment 5: Maintenance of Effort Documentation (Counted in page limit)
Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below.

NON-FEDERAL EXPENDITURES

FY14 (Actual)	FY15 (Estimated)
Actual FY14 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated FY15 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

Attachment 6: Letters of Agreement and/or Support (Counted in page limit)
Include any relevant letters of agreement and/or support. Letters must be from someone who holds the authority to speak for the organization or department (CEO, Chair, etc.), must be dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (in-kind services, dollars, staff, space, equipment, etc.).

Attachment 7: Accreditation Documents (Counted in page limit)
The applicant organization must provide: (1) a statement that they hold continuing accreditation from the relevant accrediting body and are not under probation, and (2) the dates of initial accreditation and next accrediting body review. The full letter of accreditation is not required. If a partner organization holds the accreditation for a training program, a letter of agreement should be provided as well.

Attachment 8: Biographical Sketches of Key Personnel (Counted in page limit.)
Include biographical sketches for persons occupying the key positions described in Attachment 1, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 9: Budget for Year 5 of project period (NOT counted in page limit)
For year 5 of the project period, please submit a copy of Sections A and B of the SF-424A. Refer to the *SF-424 Application Guide* for further details.

Attachment 10: Other Relevant Documents (Counted in page limit)
Include here any other documents that are relevant to the application.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is February 18, 2015 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

4. Intergovernmental Review

The PCTE Program is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a maximum amount of $250,000 for single projects and $350,000 for collaborative projects. Requirements for collaborative projects are described in *Section IV Project Narrative*.

Stipends are not allowable for residents or medical students.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

Procedures to assess the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific details and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The PCTE Training in Primary Care Program has five (5) review criteria. All competitive applications will be reviewed and scored using the following criteria and weights:

Criterion 1: PURPOSE AND NEED (10 points) -- *Corresponds to narrative Section IV: Purpose and Need*

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the quality of and extent to which the applicant:

- Demonstrates the national, regional, and/or local health need for the project;
- Demonstrates the national, regional, and/or local health workforce need for the project;
- Identifies the need for aligning training with the changing practice environment; and
- Describes the gaps in their current delivery system and proposes to address the gaps.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (30 Points –- *Corresponds to narrative Section IV: Response to Program Purpose*

Criterion 2(a): METHODOLOGY (15 points) – *Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology*

The application will be evaluated on the extent to which the applicant demonstrates an understanding of the program requirements and expectations, and the extent to which the proposed goals, objectives, and activities will address the needs highlighted in the Purpose and Needs section. The methodology will be reviewed on the extent to which the project does the following:

- Addresses the PCTE program's focus to enhance education and training to better prepare primary care providers to practice in and lead transforming health care delivery systems;
- Addresses the characteristics of a transformed delivery system described by CMS;
- Is likely to improve access, quality, and cost of care in the clinical training environment;
- Demonstrates clear benefit to trainees from the project and explains how trainee experiences will be enhanced;
- Clearly links defined goals and objectives to the purpose and needs identified in the Purpose and Needs section of the project narrative;
- Proposes objectives that are specific, measurable, realistic and achievable by the anticipated completion date within the five-year project period;
- Proposes methods, tools, and strategies that are clearly described and will adequately address the stated goals, program requirements, and expectations of the FOA;
- Proposes innovative strategies to address PCTE program focus;
- Provides evidence to support the proposed methodologies, including published literature, prior experience, and historical data, for the appropriateness of the proposed methodology;
- Proposes interprofessional and/or community-based partnerships that demonstrate a high level of collaboration and involvement by the contributing partners; and
- **For applicants proposing a collaborative project,** the extent to which the project equitably benefits trainees in at least two of the designated training levels (student, resident, faculty, and practicing primary care physician or physician assistants) and in at least two of the primary care disciplines and professions (family medicine, general internal medicine, general pediatrics, physician assistants, and other primary care professions).
- **For applicants proposing "Helping Veterans Become Physician Assistant Activities,"** the likely impact of the activities to improve the quality of PA education for veterans including but not limited to veteran specific recruitment and retention strategies, accepting transfer of military

college credit hours, and alternate curricula for veterans with medical training and/or experience and the quality of the proposed needs assessment and outcome data supporting these activities.

Criterion 2(b): WORK PLAN (10 points) -- *Corresponds to Section IV's Response to Program Purpose Sub-section (b) Work Plan*

- The feasibility of the proposed activities and timelines;
- The extent to which the work plan chart is clear, complete, and comprehensive;
- The extent to which the applicant clearly describes and justifies the number of cohorts of graduates/program completers planned during the five-year project period; and
- The adequacy of the staffing plan to implement the proposed work plan. Reviewers will consider level of staffing, skill sets proposed, and qualifications of key personnel.

Criterion 2(c): RESOLUTION OF CHALLENGES (5 points) – *Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges*

The extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design and implementation of the project, as well as a plan for dealing with identified contingencies that may arise.

Criterion 3: IMPACT (30 points) - *Corresponds to IV's Impact*

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (20 points) -- *Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity*

Program Impact:

- The extent to which the proposed project evaluation plan addresses outcomes related to patient access, quality of care, and/or cost effectiveness;
- The extent to which each activity's outcome measures reflect back to the needs statement from which its objectives were derived and will be reported on in annual Progress Reports;
- The extent to which the proposed evaluation methods are feasible within the project timeframe, evidence-based and clearly described;
- The extent that the applicants' proposed evaluation methods are appropriate for the proposed project, including instruments/tools to be used, data sources, timelines, and measureable outputs and outcomes; and

The extent to which the applicant has outlined a process to validate data collection and results, including a description of evaluation activities, expected results and challenges.

Program Assessment and Improvement:

- Strength and effectiveness of the plan to incorporate continuous quality improvement of grant activities including how and when feedback from evaluation findings will be incorporated into the project's continuous quality improvement plans; and
- The extent to which proposed evaluation measures are able to assess that program objectives have been met and can be attributed to project activities.

HRSA Required Performance and Progress Reporting:

- Strength of applicant's ability to report on HRSA's program progress and performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.

Technical Support Capacity:

- The extent to which the proposed evaluation plan to collect, monitor and evaluate the project outputs and outcomes is supported by appropriate program staffing and the applicant organization's infrastructure.

Criterion 3(b): PROJECT SUSTAINABILITY (10 points) – *Corresponds to Section IV's Impact Sub-section (b) Project Sustainability*

- The extent to which the applicant describes a solid plan for project sustainability. The extent to which the applicant clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges;
- The strength and feasibility of the applicant's sustainability plans to achieve sustainable impact of grant funded activities;
- The strength and feasibility of proposed strategies, plan and timetable to achieve the desired sustainable impact; and
- The feasibility of the resources available or plans for obtaining needed resources to sustain the project.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) -- *Corresponds to narrative Section IV: Organizational Information, Resources and Capabilities*

- The extent to which project personnel are qualified by training and/or experience to implement and conduct the project;
- The capability and commitment of the applicant organization and partner organization(s), quality and availability of personnel to carry out the proposed project;
- The capability and commitment of the institution to providing culturally and linguistically competent and health-literate services;
- The extent to which the current community based training settings and patient population will be appropriately assessed and improved during the proposed project;
- The extent to which current and existing resources will be made available to support the proposed project; and

Criterion 5: SUPPORT REQUESTED (15 points) -- *Corresponds to Section IV: Budget Justification Narrative and SF-424 budget forms*

- The extent the budget for the project period correlates with project goals and objectives;
- The extent the budget request demonstrates cost effectiveness;

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives; and
- **For applicants proposing a collaborative project**, the extent to which the budget reflects an equitable distribution to at least two of the designated training levels (student, resident, faculty, and practicing primary care physician or physician assistants) and in at least two of the primary care disciplines and professions (family medicine, general internal medicine, general pediatrics, physician assistants, and other primary care professions). Equitable does not require equal distribution of resources, reviewers will take into account the different levels of resources required at the different levels of training or between the different disciplines/professions.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*. Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

FUNDING FACTORS

Section791 (a)(1) of the Public Health Service Act provides for a **funding preference** for the PCTE program.

To apply for a funding preference, applicants must provide the information requested in Attachment 4 (Funding Preference Request). Failure to provide the requested information or documentation in sufficient detail will prevent a preference from being awarded.

FUNDING PREFERENCES

Applications receiving preferences will be placed in a more competitive position among the applications that can be funded. The authorizing legislation for the PCTE Program provides for two 2) funding preferences. Funding preferences are not available to applications that are ranked at or below the 20th percentile of the applicant pool. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. A funding preference may be granted to any qualified applicant that specifically requests the preference by submitting Attachment 4 and meets the criteria for the preference as described below. Funding preferences are determined by the objective review committee.

Requesting the Medically Underserved Community (MUC) Funding Preference for all PCTE programs

This preference focuses on the number of completers from your program that were placed in practice settings serving underserved areas or health disparity populations. There are two ways to qualify, as outlined below:

A) High Rate

To qualify under **High Rate** you must demonstrate that the percentage of completers placed in practice settings serving underserved areas or *health disparity populations* for the last two AYs (2012-2013 and 2013-2014) is greater than or equal to 40% for student trainees (i.e. medical and physician assistant students) or greater than or equal to 80% for resident or fellow trainees. If you are applying for a collaborative project that is training both students and residents/fellows, you must meet both targets to receive this preference. To apply you must provide and clearly label in Attachment 4 the **High Rate** calculation and all of the data shown below:

To calculate the MUC Preference by demonstrating high rate with medical school graduates, **t**he numerator will be the number of graduates for AY 2009-2010 and AY 2010-2011 who are currently practicing in a MUC. The denominator will be total number of medical school graduates in AY 2009-2010 and AY 2010-2011. The applicant should report all graduates, regardless of their training's source of funding.

$N_{2009\text{-}2010}$– Numerator (2009-2010) = the number of AY 2009 -2010 medical school graduates currently in practice settings serving underserved areas or health disparity populations

$N_{2010\text{-}2011}$ – Numerator (2010-2011) = the number of AY 2010-2011 medical school graduates currently in practice settings serving underserved areas or health disparity populations.

$D_{2009\text{-}2010}$– Denominator (2009-2010) = the total number of medical school graduates in AY 2009-2010.

$D_{2010\text{-}2011}$– Denominator (2010-2011) = the total number of medical school graduates in AY 2010-2011.

$$\textbf{High Rate} = \frac{N_{2009\text{-}2010} + N_{2010\text{-}2011}}{D_{2009\text{-}2010} + D_{2010\text{-}2011}} \times 100$$

To calculate the MUC Preference by demonstrating high rate for all other graduates and program completers (i.e. physician assistant graduates or resident program completers), the numerator will be the number of graduates/program completers placed in medically underserved areas in AY2012-2013 and AY2013-2014. The denominator will be the total number of graduates/program completers for AY2012-2013 and 2013-2014. The applicant should report all graduates/program completers, regardless of their training's source of funding.

$N_{2012\text{-}2013}$ – Numerator (2012-2013) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2012-2013.

$N_{2013\text{-}2014}$ – Numerator (2013-2014) = the number of program completers in practice settings serving underserved areas or health disparity populations in AY 2013-2014.

$D_{2012-2013}$ – Denominator (2012-2013) = the total number of program completers in AY 2012-2013.

$D_{2013-2014}$ – Denominator (2013-2014) = the total number of program completers in AY 2013-2014.

To calculate the rate of placement in practice settings, follow the formula below:

$$\textbf{High Rate} = \frac{N_{2012-2013} + N_{2013-2014}}{D_{2012-2013} + D_{2013-2014}} \times 100$$

B) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** from 2011-2012 to 2013-2014 of 25% in the rate of placing program completers in practice settings serving underserved populations or health disparity populations. To apply you must provide and clearly label the **Percentage Point Increase** calculation and all of the data shown below in Attachment 4.

To calculate the MUC Preference by demonstrating significant increase for all other graduates and program completers (i.e. physician assistant graduates or resident program completers), the numerator will be the difference between the number of graduates/program completers in AY2013-2014 and AY 2011-2012 who are currently practicing in a MUC. The denominator will be total number of all program graduates in AY2013-2014 and AY2011-2012.

$N_{2013-2014}$ – Numerator (2013-2014) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2013-2014.

$D_{2013-2014}$ – Denominator (2013-2014) = the total number of program completers in AY 2013-2014.

$N_{2011-2012}$ – Numerator (2011-2012) = the number of program completers who are currently placed in practice settings serving underserved populations or health disparity populations in AY 2011-2012.

$D_{2011-2012}$ – Denominator (2011-2012) = the total number of program completers in AY 2011-2012.

To calculate the difference in percentages, please use the formula below:

$$\textbf{Percentage Point Increase} = \left(\left(\frac{N_{2013-2014}}{D_{2013-2014}}\right) - \left(\frac{N_{2011-2012}}{D_{2011-2012}}\right)\right) \times 100$$

As medical schools graduates enter practice generally 3-5 years or more after graduation, to calculate the MUC Preference by demonstrating significant increase with medical school graduates, the numerator will be the difference between the number of graduates in AY 2009-2010 and AY 2007-2008 who are currently practicing in a MUC. The denominator will be total number of all program graduates in AY 2007-2008 and AY 2009-2010.

$N_{2007\text{-}2008}$ – Numerator (2007-2008) **=** the number of AY 2007-2008 medical school graduates who are currently in practice settings serving underserved populations or health disparity populations in AY 2007-2008.

$D_{2007\text{-}2008}$ – Denominator (2007-2008) = the total number of medical school graduates in AY 2007-2008

$N_{2009\text{-}2010}$ – Numerator (2009-2010) = the number of AY 2009-2010 medical school graduates who are currently in practice settings serving underserved populations or health disparity populations in AY 2009-20010.

$D_{2009\text{-}2010}$ – Denominator (2009-2010) = the total number of medical school graduates in AY2009-2010

To calculate the difference in percentages, please use the formula below:

Percentage Point Increase=(($N_{2009\text{-}2010}/D_{2009\text{-}2010}$) – ($N_{2007\text{-}2008}/D_{2007\text{-}2008}$)) x 100

Note: New programs or programs that had no program completers in AY 2011-2012 are not eligible to apply for this component due to the absence of baseline data.

C) New Program

New programs have completed less than three consecutive classes. As a result they lack the required data to apply for the MUC preference through the above pathways. If the training program was closed for at least 3 years, during which time there were no students, graduates, or teaching activities, the applicant may request the MUC Preference via the new program pathway.

To be awarded the MUC Preference as a new program, applicants must clearly state the number of classes that have graduated and meet at least four of the following criteria as determined by the independent review panel.

- The training institution's mission statement includes preparing health professionals to serve underserved populations.
- The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
- Substantial clinical training in MUCs is required.
- A minimum of 20% of the clinical faculty of the program spend at least 50% of their time providing or supervising care in MUCs.
- The entire program or a substantial portion of the program is physically located in a MUC.

- Employment assistance is available for graduates entering positions in MUCs.
- The program provides a placement mechanism for helping graduates find positions in MUCs.

Applying for the MUC Preference as a "New Program"
To apply for the MUC Preference, an applicant must submit the Request and Documentation for Preferences (Attachment 4) and provide a brief narrative entitled "MUC Preference Request" that will:

- Indicate that the preference is requested through the new program pathway;
- Describe how their program meets at least four of the seven criteria;
- State the year the program was established and include a justification of eligibility if the program was closed for at least 3 years, as described above; and
- Provide the total number of graduates for each year, including the current year, since the training program began or resumed activity after a temporary closure as described above.

A *Medically Underserved Community (MUC)* is a geographic location or population of individuals that is eligible for designation by a state or the federal government as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), Medically Underserved Population (MUP), or Governor's Certified Shortage Area for Rural Health Clinic purposes. MUC also includes populations who are homeless, residents of public housing, and migrants.

These areas may include areas and populations served by the HRSA-funded Community Health Centers, Federally Qualified Health Centers, Migrant Health Centers, Health Care for the Homeless, Rural Health Clinics, Public Housing Primary Care grantees, National Health Service Corps sites, freestanding (NHSC), Indian Health Service (IHS) sites, State or Local Health Departments,

Note: The Longitudinal Evaluation Preference will not be offered in the FY15 PCTE competition. The longitudinal evaluation capabilities described in section 761(d)(2) and the database described in section 761(b)(2)(E) of the Public Health Service Act necessary to support this preference have not yet been fully developed. As a result, meaningful distinctions between proposals cannot be made.

3. Anticipated Announcement and Award Dates
It is anticipated that awards will be announced prior to the start date of July 1, 2015.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's *SF-424 Application Guide* and the following reporting activities:

Progress Report. The awardee must submit a narrative Progress Report to HRSA on an annual basis. Submission and HRSA approval of the Progress Report triggers the budget period renewal and release of subsequent year funds. BHW will verify that approved and funded applicants' proposed objectives are accomplished during each year of the project.

The BHW Progress Report has two parts. The first part demonstrates awardee progress on program-specific goals. Awardees will provide performance information on project objectives and accomplishments, project barriers and resolutions, and will identify any technical assistance needs.

The second part collects information providing a comprehensive overview of awardee overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The awardee should also plan to report on dissemination activities in the annual progress report.

Further information will be provided in the NoA.

Copies of any materials disseminated should include the following acknowledgement and disclaimer:

> "This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number [list grant number], [list title for grant] for $ [specify total award amount]. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government."

2) Performance Reports.

The awardee must submit a Performance Report to HRSA via the EHBs on a semi-annual basis. All BHW grantees are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). Performance Reporting for BHW programs was newly implemented in Fiscal Year 2012. The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the NoA.

The semi-annual performance reports will cover the following reporting periods:
Semi Annual Report #1 covers activities between July 1 and December 31. The report must be submitted by January 31 of the following year.

Semi Annual Report #2 covers activities between January 1 and June 30. The report must be submitted by July 31 of the same year.

3) Final Report

All BHW grantees are required to submit a final report within 90 days after the end of the project period. The Final Report must be submitted on-line by grantees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

The Final Report is designed to provide BHW with information required to close out a grant after completion of project activities. As such, every grantee is required to submit a final report. The Final Report includes the following sections:

a) Project Objectives and Accomplishments - Description of major accomplishments on project objectives, summary of evaluation data
b) Project Barriers and Resolutions - Description of challenges that impeded project's ability to implement the approved plan
c) Summary Information
    i. Project overview
    ii. Project impact
    iii. Prospects for continuing the project and/or replicating this project elsewhere
    iv. Publications produced through this grant activity
    v. Changes to the objectives from the initially approved grant

Further information will be provided in the NoA.

4) Tangible Personal Property Report. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all federally-owned property and acquired equipment with an acquisition cost of $5,000 or more per unit. Tangible personal property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. Property may be provided by HRSA or acquired by the recipient with award funds. Federally-owned property consists of items that were furnished by the Federal Government. Tangible personal property reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Kim Ross, CPA
Grants Management Specialist
Division of Grants Management Operations
DHHS | Health Resources and Services Administration
5600 Fishers Lane
Parklawn Bldg., Room 18-75 (office), 10SWH03 (mail drop)
Rockville, Maryland 20857
direct 301 • 443 • 2353
fax 301 • 443 • 6343
kross@hrsa.gov

David K. Treer, MA
Grants Management Specialist
Division of Grants Management
Mail Drop: 10SWH03
Tel: 301 443-0563
Fax:301 443-6343
Dtreer@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Vernae Martin, Public Health Analyst
Division of Medicine and Dentistry
Attn: Funding Program
Bureau of Health Workforce, HRSA
Parklawn Building, Room 12C-06
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2354
Fax: (301) 443-1945
Email: vmartin@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center
Telephone: (877) 464-4772 TTY: (877) 897-9910
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance Call/Webinar

We have scheduled a technical assistance call for applicants, as follows:

Webinar: Tuesday, January 13, 2015
Time: 2:00 pm to 3:00 pm ET

Call-In Number (Toll Free): 1-888-989-8140
Participant Code: 1415241
Adobe Connect Link: https://hrsa.connectsolutions.com/pcte_funding_opportunity_announcement/

Replay Information:
Call-In Number (Toll Free): 1-800-945-7645
Passcode: 1416

IX. Tips for Writing a Strong Application

See section 4.7 of HRSA's *SF-424 Application Guide.*

In addition, BHW has developed a number of recorded webcasts with information that may assist applicants in preparing a competitive application. These webcasts can be accessed at: http://bhpr.hrsa.gov/grants/technicalassistance/index.html.